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12 JAN 2003

10/521040

EPA / EPO / OEB : D-80298 München

Sonn & Partner  
Riemergasse 14

1010 Vienna  
Österreich

Nr. der Anmeldung / Application No. / Demande de brevet no

PCT/EP 03 / 07390

Tag des Eingangs / Date of receipt / Date de réception

09.07.03 Fax ✓

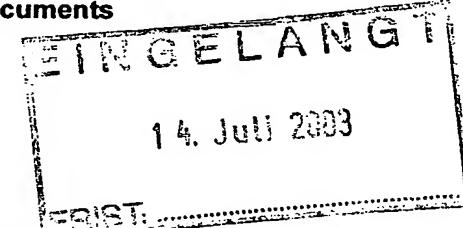
Zeichen des Anmelders / Vertreter - Applicant / Representative  
ref. no. - Référence du demandeur ou du mandataire

R 41446 ✓

Anmelder / Applicant / Demandeur : Axon Neuroscience Forschungs- und  
EntwicklungsGmbH Datum / Date 10.07.03

### Empfangsbescheinigung / Receipt for documents / Récépissé de documents

Das Europäische Patentamt bescheinigt hiermit den Empfang folgender Dokumente:  
The European Patent Office hereby acknowledges the receipt of the following:  
L'Office européen des brevets accueille réception des documents indiqués ci-dessous:



#### A. Internationale Anmeldung / International application / Demande Internationale

Stückzahl / No.of  
copies / Nombre  
d'exemplaires

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Antrag / Request / Requête ✓  | 1 | Kopie der allgemeinen Vollmacht<br>Copy of general power of attorney<br>Copie du pouvoir général |
| <input checked="" type="checkbox"/> Beschreibung (ohne Sequenzprotokolteil)<br>Description (excluding sequence listing part)<br>Description (sauf partie réservée au listage des séquences) | 1 | Prioritätsbeleg(e)<br>Priority document(s)<br>Document(s) de priorité                            |
| <input checked="" type="checkbox"/> Patentansprüche / Claim(s) / Revendication(s)   | 1 | Blatt für die Gebührenberechnung<br>Fee calculation sheet<br>Feuille de calcul des taxes         |
| <input checked="" type="checkbox"/> Zusammenfassung / Abstract / Abrégé ✓   | 1 | Abbuchungsauftrag<br>Debit order<br>Ordre de débit   |
| <input checked="" type="checkbox"/> Zeichnung(en) / Drawing(s) / Dessin(s) ✓  | 1 | Währung/Currency/Monnaie<br>Betrag/Amount/Montant  |
| Sequenzprotokolteil der Beschreibung<br>Sequence listing part of description  | 1 | Eur 2249,- ✓   |
| <input checked="" type="checkbox"/> Partie de la description réservée au listage des séquences  | 1 | Scheck<br>Cheque<br>Chèques  |
| <input type="checkbox"/> Diskette / Disquette   | — | Ausfüllung freigestellt /<br>Optional / facultatif   |
| Sonstige Unterlagen (einzelnen aufführen)<br>Other documents (specify)<br>Autres documents (préciser)   |   | —  |

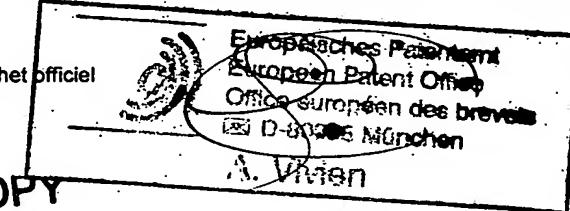
#### B. Beigefügte Dokumente / Accompanying documents / Eléments joints

Statement ✓

Gesonderte unterzeichnete Vollmacht  
Separate signed power of attorney  
Pouvoir distinct signé

Die genannten Unterlagen sind am oben genannten Tag eingegangen. Die in der Kontrolliste (Feld VIII) des PCT-Antragformulars RO/101 angegebenen Blattzahlen wurden bei Eingang nicht geprüft. Die Anmeldung hat ebenfalls oben angeführte Anmeldenummer erhalten / The said items were received on the date indicated above. No check was made on receipt that the number of sheets indicated in the check list (box VIII) of the PCT Request Form RO/101 were correct. The application has been assigned the above-indicated application number / Les documents mentionnés ont été reçus à la date indiquée. L'exactitude du nombre de feuilles indiqué au bordereau (cadre VIII) du formulaire de requête PCT RO/101 n'a pas été contrôlée lors du dépôt. Le numéro figurant ci-dessus a été attribué à la demande de brevet.

Unterschrift / Amtsstempel / Signature / Official Stamp / Signature / Cachet officiel



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## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) R 41446Box No. I TITLE OF INVENTION  
Transgenic Animal Expressing Alzheimer's Tau ProteinBox No. II APPLICANT  This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Axon Neuroscience Forschungs- und Entwicklungs GmbH  
Rennweg 95b  
A-1030 Vienna  
AT

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:  
ATState (that is, country) of residence:  
ATThis person is applicant  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box

## Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Kontseková, Eva  
Sokolská 7  
SK-90301 Sencce  
SK

This person is:

 applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
SKState (that is, country) of residence:  
SKThis person is applicant  all designated States  all designated States except the United States of America  the United States of America only  the States indicated in the Supplemental Box Further applicants and/or (further) inventors are indicated on a continuation sheet.

## Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

 agent common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

SONN & PARTNER PATENTANWÄLTE  
Riemergasse 14  
A-1010 Vienna  
AT

Telephone No.

+43 1 512 84 05

Facsimile No.

+43 1 512 98 05

Teleprinter No.

Agent's registration No. with the Office

 Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

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## Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Filipcik, Peter  
Podhaj 3  
Lamac  
SK-84103 Bratislava  
SK

This person is:

applicant only  
 applicant and inventor  
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

SK

State (that is, country) of residence:

SK

This person is applicant for the purposes of:

 all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

applicant only  
 applicant and inventor  
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

 all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

applicant only  
 applicant and inventor  
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

 all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

applicant only  
 applicant and inventor  
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

 all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box Further applicants and/or (further) inventors are indicated on another continuation sheet.

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## Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

## Regional Patent

AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line) . . . . .

EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT

OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) . . . . .

## National Patent (if other kind of protection or treatment desired, specify on dotted line):

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> AE United Arab Emirates . . . . .               | <input checked="" type="checkbox"/> HR Croatia . . . . .                                   | <input checked="" type="checkbox"/> OM Oman . . . . .                             |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda . . . . .                | <input checked="" type="checkbox"/> HU Hungary . . . . .                                   | <input checked="" type="checkbox"/> PG Papua New Guinea . . . . .                 |
| <input checked="" type="checkbox"/> AL Albania . . . . .                            | <input checked="" type="checkbox"/> ID Indonesia . . . . .                                 | <input checked="" type="checkbox"/> PH Philippines . . . . .                      |
| <input checked="" type="checkbox"/> AM Armenia . . . . .                            | <input checked="" type="checkbox"/> IL Israel . . . . .                                    | <input checked="" type="checkbox"/> PL Poland . . . . .                           |
| <input checked="" type="checkbox"/> AT Austria . . . . .                            | <input checked="" type="checkbox"/> IN India . . . . .                                     | <input checked="" type="checkbox"/> PT Portugal . . . . .                         |
| <input checked="" type="checkbox"/> AU Australia . . . . .                          | <input checked="" type="checkbox"/> IS Iceland . . . . .                                   | <input checked="" type="checkbox"/> RO Romania . . . . .                          |
| <input checked="" type="checkbox"/> AZ Azerbaijan . . . . .                         | <input checked="" type="checkbox"/> JP Japan . . . . .                                     | <input checked="" type="checkbox"/> RU Russian Federation . . . . .               |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina . . . . .             | <input checked="" type="checkbox"/> KE Kenya . . . . .                                     | <input checked="" type="checkbox"/> SC Seychelles . . . . .                       |
| <input checked="" type="checkbox"/> BB Barbados . . . . .                           | <input checked="" type="checkbox"/> KG Kyrgyzstan . . . . .                                | <input checked="" type="checkbox"/> SD Sudan . . . . .                            |
| <input checked="" type="checkbox"/> BG Bulgaria . . . . .                           | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea . . . . .     | <input checked="" type="checkbox"/> SE Sweden . . . . .                           |
| <input checked="" type="checkbox"/> BR Brazil . . . . .                             | <input checked="" type="checkbox"/> KR Republic of Korea . . . . .                         | <input checked="" type="checkbox"/> SG Singapore . . . . .                        |
| <input checked="" type="checkbox"/> BY Belarus . . . . .                            | <input checked="" type="checkbox"/> KZ Kazakhstan . . . . .                                | <input checked="" type="checkbox"/> SK Slovakia . . . . .                         |
| <input checked="" type="checkbox"/> BZ Belize . . . . .                             | <input checked="" type="checkbox"/> LC Saint Lucia . . . . .                               | <input checked="" type="checkbox"/> SL Sierra Leone . . . . .                     |
| <input checked="" type="checkbox"/> CA Canada . . . . .                             | <input checked="" type="checkbox"/> LK Sri Lanka . . . . .                                 | <input checked="" type="checkbox"/> SY Syrian Arab Republic . . . . .             |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein . . . . . | <input checked="" type="checkbox"/> LR Liberia . . . . .                                   | <input checked="" type="checkbox"/> TJ Tajikistan . . . . .                       |
| <input checked="" type="checkbox"/> CN China . . . . .                              | <input checked="" type="checkbox"/> LS Lesotho . . . . .                                   | <input checked="" type="checkbox"/> TM Turkmenistan . . . . .                     |
| <input checked="" type="checkbox"/> CO Colombia . . . . .                           | <input checked="" type="checkbox"/> LT Lithuania . . . . .                                 | <input checked="" type="checkbox"/> TN Tunisia . . . . .                          |
| <input checked="" type="checkbox"/> CR Costa Rica . . . . .                         | <input checked="" type="checkbox"/> LU Luxembourg . . . . .                                | <input checked="" type="checkbox"/> TR Turkey . . . . .                           |
| <input checked="" type="checkbox"/> CU Cuba . . . . .                               | <input checked="" type="checkbox"/> LV Latvia . . . . .                                    | <input checked="" type="checkbox"/> TT Trinidad and Tobago . . . . .              |
| <input checked="" type="checkbox"/> CZ Czech Republic . . . . .                     | <input checked="" type="checkbox"/> MA Morocco . . . . .                                   | <input checked="" type="checkbox"/> TZ United Republic of Tanzania . . . . .      |
| <input checked="" type="checkbox"/> DE Germany . . . . .                            | <input checked="" type="checkbox"/> MD Republic of Moldova . . . . .                       | <input checked="" type="checkbox"/> UA Ukraine . . . . .                          |
| <input checked="" type="checkbox"/> DK Denmark . . . . .                            | <input checked="" type="checkbox"/> MG Madagascar . . . . .                                | <input checked="" type="checkbox"/> UG Uganda . . . . .                           |
| <input checked="" type="checkbox"/> DM Dominica . . . . .                           | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia . . . . . | <input checked="" type="checkbox"/> US United States of America . . . . .         |
| <input checked="" type="checkbox"/> DZ Algeria . . . . .                            | <input checked="" type="checkbox"/> MN Mongolia . . . . .                                  | <input checked="" type="checkbox"/> UZ Uzbekistan . . . . .                       |
| <input checked="" type="checkbox"/> EC Ecuador . . . . .                            | <input checked="" type="checkbox"/> MW Malawi . . . . .                                    | <input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines . . . . . |
| <input checked="" type="checkbox"/> EE Estonia . . . . .                            | <input checked="" type="checkbox"/> MX Mexico . . . . .                                    | <input checked="" type="checkbox"/> VN Viet Nam . . . . .                         |
| <input checked="" type="checkbox"/> ES Spain . . . . .                              | <input checked="" type="checkbox"/> MZ Mozambique . . . . .                                | <input checked="" type="checkbox"/> YU Serbia and Montenegro . . . . .            |
| <input checked="" type="checkbox"/> FI Finland . . . . .                            | <input checked="" type="checkbox"/> NI Nicaragua . . . . .                                 | <input checked="" type="checkbox"/> ZA South Africa . . . . .                     |
| <input checked="" type="checkbox"/> GB United Kingdom . . . . .                     | <input checked="" type="checkbox"/> NO Norway . . . . .                                    | <input checked="" type="checkbox"/> ZM Zambia . . . . .                           |
| <input checked="" type="checkbox"/> GD Grenada . . . . .                            | <input checked="" type="checkbox"/> NZ New Zealand . . . . .                               | <input checked="" type="checkbox"/> ZW Zimbabwe . . . . .                         |
| <input checked="" type="checkbox"/> GE Georgia . . . . .                            |  |   |
| <input checked="" type="checkbox"/> GH Ghana . . . . .                              |  |   |
| <input checked="" type="checkbox"/> GM Gambia . . . . .                             |  |   |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

 . . . . .  . . . . .  . . . . .

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

**Box No. VIII (iv) DECLARATION: INVENTORSHIP** (only for the purposes of the designation of the United States of America)  
 The declaration must conform to the following standardized wording provided for in Section 214; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.

**Declaration of inventorship (Rules 4.17(iv) and 51bis.1(a)(iv))  
 for the purposes of the designation of the United States of America:**

I hereby declare that I believe I am the original, first and sole (if only one inventor is listed below) or joint (if more than one inventor is listed below) inventor of the subject matter which is claimed and for which a patent is sought.

This declaration is directed to the international application of which it forms a part (if filing declaration with application).

This declaration is directed to international application No. PCT/ ..... (if furnishing declaration pursuant to Rule 26ter).

I hereby declare that my residence, mailing address, and citizenship are as stated next to my name.

I hereby state that I have reviewed and understand the contents of the above-identified international application, including the claims of said application. I have identified in the request of said application, in compliance with PCT Rule 4.10, any claim to foreign priority, and I have identified below, under the heading "Prior Applications," by application number, country or Member of the World Trade Organization, day, month and year of filing, any application for a patent or inventor's certificate filed in a country other than the United States of America, including any PCT international application designating at least one country other than the United States of America, having a filing date before that of the application on which foreign priority is claimed.

Prior Applications: .....

I hereby acknowledge the duty to disclose information that is known by me to be material to patentability as defined by 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the PCT international filing date of the continuation-in-part application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name: Kontsekova, Eva .....

Residence: Sencce, SK .....

(city and either US state, if applicable, or country)

Mailing Address: Sokolska 7, SK-90301 Sencce, Slovakia .....

Citizenship: SK .....

Inventor's Signature: .....

(if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date: .....

(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

Name: Filipcik, Peter .....

Residence: Bratislava, SK .....

(city and either US state, if applicable, or country)

Mailing Address: Podhaj 3, Lamac, SK-84103 Bratislava, Slovakia .....

Citizenship: SK .....

Inventor's Signature: .....

(if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date: .....

(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".

## Box No. IX CHECK LIST LANGUAGE OF FILING

This international application contains:  
(a) in paper form, the following number of sheets :

|   |      |
|---|------|
| request (including declaration sheets)                                  | : 6  |
| description (excluding sequence listings and/or tables related thereto) | : 29 |
| claims  | : 3  |
| abstract  | : 1  |
| drawings  | : 10 |

Sub-total number of sheets : 49

sequence listings : 9

tables related thereto :

(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)

Total number of sheets : 58 ✓

(b)  only in computer readable form (Section 801(a)(i))

(i)  sequence listings

(ii)  tables related thereto

(c)  also in computer readable form (Section 801(a)(ii))

(i)  sequence listings

(ii)  tables related thereto

Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the

sequence listings: .....

tables related thereto: .....

(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)

This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):

1.  fee calculation sheet ✓ 1
2.  original separate power of attorney :
3.  original general power of attorney :
4.  copy of general power of attorney; reference number, if any: .....
5.  statement explaining lack of signature :
6.  priority document(s) identified in Box No. VI as item(s): ..... to follow! :
7.  translation of international application into (language): .....
8.  separate indications concerning deposited microorganism or other biological material :
9.  sequence listings in computer readable form (indicate type and number of carriers) 1 disk
  - (i)  copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) :
  - (ii)  (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter :
  - (iii)  together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column :
10.  tables in computer readable form related to sequence listings (indicate type and number of carriers)
  - (i)  copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) :
  - (ii)  (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) :
  - (iii)  together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column :
11.  other (specify): ...Statement .....

Figure of the drawings which should accompany the abstract:

Language of filing of the international application: English

## Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

AXON NEUROSCIENCE FORSCHUNGS-  
UND ENTWICKLUNGS GMBH  
DI Martin CABADAJ (Geschäftsführer)

KONTSEKOVA, Eva

FILIPCÍK, Peter

For receiving Office use only

1. Date of actual receipt of the purported international application:

3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:

4. Date of timely receipt of the required corrections under PCT Article 11(2):

5. International Searching Authority (if two or more are competent): ISA /

6.  Transmittal of search copy delayed until search fee is paid

2. Drawings:

received:

not received:

For International Bureau use only

Date of receipt of the record copy by the International Bureau: